

**Iowa Disaster Assistance Application**

<b>Iowa Disaster Assistance Application</b>		Date of disaster _____
<b>1. Applicant Information (personal information) Include PICTURE ID OF ALL ADULTS</b>		
a. Name: _____		b. Total annual household income: _____
<b>Household income must be 200% or less of Federal Poverty Level</b>		
c. Date of birth: _____	d. SSN: _____	e. Phone: _____ Cell: _____
f. Damaged address: _____		
g. City: _____	h. County: _____	i. ZIP code: _____
j. Please check one: <input type="checkbox"/> Own <input type="checkbox"/> Rent	k. Insurance company: _____	l. Insurance phone: _____
m. Alternate contact name and phone number: _____		
n. Current address if different from above: _____	o. Damaged address (Please check one): <input type="checkbox"/> Home <input type="checkbox"/> Townhome <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile	<b>Questions call: 1-866-434-4692</b>
	p. Number of adults in home: _____ Number of children in home: _____	q. Receipts provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Request voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Loss Information (Include receipts for replaced items. If no receipts, request voucher program.)</b>		
Reason for loss (Please check): <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake <input type="checkbox"/> Other _____		
Structural damage cost to repair \$5,000 maximum _____		Kitchen loss \$560 max _____
Bed furniture \$250 per person _____	Clothing \$145 per person _____	HVAC \$2,100 max _____
Water heater \$425 max _____	Dehumidifier \$150 max _____	Sump pump \$200 max _____
Electrical \$1,000 max _____	Disaster vehicle repair \$500 max _____	Temp housing max \$50 per day _____
<b>Total requested</b> _____	Debris removal \$1,000 max _____	<b>\$5,000.00 maximum grant</b> _____
<b>3. Brief Description of Loss and Cause</b>		
<b>4. Attestation</b>		
<p>I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Human Services and County Emergency Management to request reimbursement for expenses under the Iowa Individual Assistance Disaster Grant Program. I authorize the release of this information to other aid organizations and persons to administer this program as determined to be necessary by the Iowa Department of Human Services. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that If I am not eligible for benefits under this program, or if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items to include, but not limited to, a nonprofit charitable organization, Federal Emergency Management, or Small Business Administration, I hereby agree to repay any funds acquired through this program back to the state of Iowa Department of Human Services. I understand I have the right to appeal eligibility and damage award decisions within 15 days of a decision.</p>		
Applicant signature: _____		Date: _____

## Instructions for Completion of the Iowa Disaster Assistance Application

**Section 1. Applicant Information.** Complete all boxes that pertain to your household members.

- a. Your name.
- b. The total yearly income for all persons living in your home.

**NOTE: Household income must 200% or less of Federal Poverty Level.**

2014 National Poverty Guidelines									
Family Size	1	2	3	4	5	6	7	8	Per person additional
200% of Federal Poverty Level (monthly income)	\$1,945	\$2,622	\$3,299	\$3,975	\$4,652	\$5,329	\$6,005	\$6,682	\$677

- c. Your date of birth.
- d. Your social security number.
- e. Your phone numbers.
- f. The address of your damaged dwelling. The address where you live that was damaged by the disaster.
- g. City.
- h. County.
- i. ZIP code.
- j. Whether you own or rent your home.
- k. Your insurance company name.
- l. Phone number of your insurance company.
- m. A name of an alternate contact and phone number.
- n. Current address if different from the damaged address.
- o. What type of structure is it?
- p. Number of adults that live in the home; number of children that live in the home.
- q. To participate in the reimbursement program include all receipts for replacement items claimed.

To participate in the voucher program request the voucher program information from your local emergency manager.

**Section 2. Loss Information.** Complete all boxes that apply to your losses and include receipts for replacements. If you do not have replacement receipts or do not have funds to replace lost items, ask if there is an entity that has been approved by your county to assist you obtain vouchers for replacement. **To apply for a reimbursement grant you must have receipts for repairs attached to the application.**

**Section 3. Brief Description of Loss and Cause.**

**Section 4. Attestation.** Read this area carefully. If you are provided duplicate assistance by other organizations, the Department will pursue the return of state funds. You must also be a legal resident of the United States to apply for assistance. Your right to appeal is also explained in this area. Your original signature is required on the application. Date the application with the date signed.